03/20/2006 15:47

(Rev. 02/2003)

Image# 26920026377

FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 02 0 1 2006 02 28 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 03 20 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use

Image# 26920026378

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
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F	deport Covering the Period: From:	01 2006	To: 0 2 2 8 2 9 0 6
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1		941820.56
	(b) Cash on Hand at Begining of Reporting Period	940235.55	
	(c) Total Receipts (from Line 19)	126746.18	149924.57
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1066981.73	1091745.13
7.	Total Disbursements (from Line 31)	119914.19	144677.59
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	947067.54	947067.54
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00]

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

0 2 M

From:

01

^Y 2 0 0 6

To:

м м 0 2 D 2 B

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	18280.00	24727.70
	(ii) Unitemized	9156.67	15560.57
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	27436.67	40288.27
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	5000.00	5000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	32436.67	45288.27
2.	Transfers From Affiliated/Other Party Committees	94000.00	104000.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	309.51	636.30
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	126746.18	149924.57
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	126746.18	149924.57

FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 164.19 427.59 Expenditures..... (c) Total Operating Expenditures 164.19 427.59 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 119750.00 144250.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements.....

30. Federal Election Activity (2 U.S.C 431(20))

- (a) Shared Federal Election Activity (from Schedule H6)
 - (i) Federal Share
- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....
- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....

11	9911	19

0.00

0.00

0.00

0.00

119914.19

144677.59

0.00

0.00

0.00

0.00

Page 4

144677.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	32436.67	45288.27
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	32436.67	45288.27
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	164.19	427.59
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	164.19	427.59

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) or each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X	5 16 17 contributions
Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting company person for the purpose of soliciting person pe	5 16 17 contributions
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting c	contributions
or for commercial purposes, other than using the name and address of any political committee to colicit contributions from such	h committee
or for commercial purposes, other trial rusing the mame and address or any political committee to solicit contributions from such	ii committee.
NAME OF COMMITTEE (In Full)	
American Hospital Association PAC	
Full Name (Last, First, Middle Initial) A. Ms. Maureen D. Mudron Date of Receipt	
Mailing Address 325 Seventh Street, NW Suite 700	2006
City State Zip Code Transaction ID: 12004	
Washington DC 20004-2818 Amount of Each Receipt	ot this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer American Hospital Association-Washingt Occupation Asst. General Counsel	
Receipt For: Aggregate Year-to-Date ▼	
Primary General 250,00	
Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Ms. Nannette L. Goddard Date of Receipt	
Mailing Address 333 N Sam Houston Pky E Ste 400	2006
City State Zip Code Transaction ID: 120062	6233
Houston TX 77060-2481 Amount of Each Receipt	ot this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer Goddard Management Resour- ces Occupation Senior Partner, Consulting	
Receipt For: Aggregate Year-to-Date ▼	
Primary General 500.00	
Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Ms. Colleen J. Goode, RN, PhD., Date of Receipt	
Post Office Box A-020 0 2 0 1	2006
City State Zip Code Transaction ID: 120062	
Denver CO 80220-3700 Amount of Each Receipt	ot this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer University of Colorado Ho-	
spital Vice President Patient Services & CNO	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 250.00	
Cutter (Specify)	
SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 46
ITEMIZED RECEIPTS			or each category of the	(check only one)
11	EINIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Statemer	nts may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name a	and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
>	American Hospital Association PAC			
\angle				_
^	Full Name (Last, First, Middle Initial)			Data of Descipt
Α.	Mr. David L. Woodrum			Date of Receipt
	Mailing Address 175 North Harbor Drive			02 01 2006
	City St	ate	Zip Code	Transaction ID: 12004133
	Chicago IL	aio	60601-7344	Amount of Each Receipt this Period
			00001 7344	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	'		1000.00
	rederal political committee.			
	Name of Employer Occ	upation	1	7
	Woodrum, Inc.	sident		
	Receipt For: Agg	gregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial)			
В.	Mr. Nemuel O Artiles, , FACHE			Date of Receipt
	Mailing Address Post Office Box 10011	M M / D D / Y Y Y Y		
	0''		7: 0 1	02 01 2006
	•	ate	Zip Code	Transaction ID: 12004214
	<u>Guayama</u> Pi	<u> </u>	00785-4011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee	, ·		250.00
	federal political committee.			
	Name of Employer Occ	upation	1	7
	Hospital Enisconal Cristo		Director	
	reaction		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
				'
	Full Name (Last, First, Middle Initial)			
C.	Mr. Chris Bosse			Date of Receipt
	Mailing Address 77 pringle Way			M M / D D / Y Y Y Y
				02 01 2006
	•	ate	Zip Code	Transaction ID: 12003904
	Reno N'	<u>V</u>	89502-1474	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee	<u> </u>		250.00
	federal political committee.			
	Name of Employer Occ	upation	1	┪
	Washas Hadith Custom	•	ident, Finance	
			Year-to-Date ▼	1
	Primary General	, - 95.0	1 1 1 1 1 1 1	1
	Other (specify) ▼		250.00	
		-		'
	1			
8	UBTOTAL of Receipts This Page (optional)			1500.00
\vdash				
т	OTAL This Period (last page this line number only))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE	8 / 46
TEMIZED RECEIPTS			or each category of the	(check only one)	,
•	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c	12
۸.,	we information against from a value Danasta and Ct	tomonto mo	, not be cold or used by any never	n for the purpose of coliniting contrib	16 17
or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such comm	nittee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Nancy Foster			Date of Receipt	
	Mailing Address 10005 Leafy Avenue			02 01 2	2006
	City	State	Zip Code	Transaction ID: 12004132	
	Silver Spring	MD	20910-1021	Amount of Each Receipt this F	eriod ² eriod
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident, Quality & Patient Safe		
	Receipt For:		Year-to-Date ▼		
	Primary General	1 1	500.00		
	Other (specify) ▼	0 0	500.00		
3.	Full Name (Last, First, Middle Initial) Mr. John K Lloyd			Date of Receipt	
	Mailing Address 11 Mohawk Avenue	02 03 2	2006		
	City	State	Zip Code	Transaction ID: 12138846	
	Oceanport	NJ	07757-1619	Amount of Each Receipt this F	Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Meridian Health	Occupation President	n t and Chief Executive Office		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Full Name (Last, First, Middle Initial) Mr. David P. Lavins			Date of Receipt	
	Mailing Address 10 Fox Chase Road			-	YY
				02 03 2	2006
	City	State	Zip Code	Transaction ID: 12138843	
	<u>Malvern</u>	PA	19355-3441	Amount of Each Receipt this F	² eriod
	FEC ID number of contributing federal political committee.	С			370.00
	Name of Employer New Jersey Hospital Assoc-	Occupation			
	iation		ancial Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	380.00		
	Strict (specify) \		0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)			13	370.00
			<u> </u>		
T	OTAL This Period (last page this line number o	nly))		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 / 46
-			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinally Lage	13 14 15 16 17
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John T Gribbin			Date of Receipt
	Mailing Address 5 Ephraim Road			02 03 2006
	City	State	Zip Code	Transaction ID: 12138844
	Clarksburg	NJ	08510-1620	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer CentraState Healthcare Sy-	Occupation	n t and Chief Executive Office	
	stem Receipt For:		Year-to-Date ▼	
	Primary General	7.199.094.10		1
	Other (specify) ▼		500.00	
			0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Mr. Gary J Blan, , FACHE			Date of Receipt
	Mailing Address 26 Healther Lane			M M / D D / Y Y Y Y
				02 03 2006
	City	State	Zip Code	Transaction ID: 12138842
	Randolph	NJ	07869-3329	Amount of Each Receipt this Period
	FEC ID number of contributing	С	V V V V V	250.00
	federal political committee.	•		
	Name of Employer	Occupation	า	
	Saint Clare's Health Syst- em	1	t and Chief Executive Officer	•
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		200.00	
<u> </u>	Full Name (Last, First, Middle Initial)			Data of Descript
U.	Ms. Linda A Savino Mailing Address 13 Telegraph Hill Road			Date of Receipt
	To relegiaph i illi rioad			02 03 2006
	City	State	Zip Code	Transaction ID: 12138841
	Holmdel	NJ	07733-1465	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Rehabilitation Hospital	Occupation		
	of Tinton Fall		ecutive Officer	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)	' '	250.00	
	□ Other (Speeliy) ♥		0 0 0 0 0 0 0	1
_	IIPTOTAL of Dossints This Base (antional)			1000.00
\vdash	UBTOTAL of Receipts This Page (optional)			
1				

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 46
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Α.	Full Name (Last, First, Middle Initial) Mr. Stanley F Hupfeld			Date of Receipt
	Mailing Address 3366 NW Expressway,	Ste 800		02 / 09 / 4 2006
	City Oklahoma City	State OK	Zip Code 73112-4458	Transaction ID: 12158047 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer INTEGRIS Health	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Craig W. Jones, FACHE Mailing Address 1904 Windermere Drive			Date of Receipt
	City	State	Zip Code	0 2 0 9 2 0 0 6 Transaction ID: 12158048
	Norman	OK	73072-3005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Oklahoma Hospital Associa- tion	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
C .	Full Name (Last, First, Middle Initial) Mr. C Bruce Lawrence			Date of Receipt
	Mailing Address 4401 South Western			02 / 09 / 4 2006
	City Oklahoma City	State OK	Zip Code 73109-3413	Transaction ID: 12158049 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Integris Baptist Medical Center		t and Chief Operating Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
Ļ	OTAL This Period (last page this line number o	nlv)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 46
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Jacqueline Harms			Date of Receipt
	Mailing Address 1800 University Bouleva	ırd		02 09 2006
	City	State	Zip Code	Transaction ID: 12158046
	Durant	OK	74701-3006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Medical Center of Southea-	Occupation	n ecutive Officer	
	stern Oklahom Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify)	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. George E French, , III, CHE			Date of Receipt
	Mailing Address P O Box 5003	02 17 2006		
	City	State	Zip Code	Transaction ID: 12063740
	Minden	LA	71058-5003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Minden Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Stephen F. Brenton			Date of Receipt
	Mailing Address 8567 Arbor Terrace Driv	е		02 17 2006
	City	State	Zip Code	Transaction ID: 12063721
	Verona	WI	53593-8759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Wisconsin Hospital Associ- ation	Occupation President	n t & Chief Executive Officer	
	Receipt For:	1	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)		1000.00	
SI	UBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number or	ıly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 46 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Joan Clark Mailing Address 8900 North Kendall Driv	e		Date of Receipt
	City	State	Zip Code	0 2 1 7 2 0 0 6 Transaction ID: 12065731
	Miami	FL	33176-2197	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Baptist Hospital of Miami		rsing Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Patricia T. Jeter			Date of Receipt
	Mailing Address 17853 Prestwick Avenue	02 / 17 / 2006		
	City Baton Rouge	State LA	Zip Code 70810-7994	Transaction ID: 12063742
	FEC ID number of contributing federal political committee.	C	70610-7994	Amount of Each Receipt this Period 500.00
	Name of Employer Louisiana Hospital Associ- ation	Occupation Vice Pres	sident	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
D.	Full Name (Last, First, Middle Initial) Mr. Paul A. Salles			Date of Receipt
	Mailing Address 644 Apache Drive			02 17 2006
	City Abita Springs	State LA	Zip Code 70420-3331	Transaction ID: 12063747 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70420 0001	250.00
	Name of Employer Louisiana Hospital Associ- ation		th Economics & Decision Su	ppor
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
S	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 46		
ITEMIZED RECEIPTS		or each category of the	(check only one)		
••	EMIZED REGER 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	7 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions	1
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Δ	Full Name (Last, First, Middle Initial) Dr. Mark Peters, , M.D.			Date of Receipt	
Λ.	Mailing Address 4200 Houma Blvd.			M M / D D / Y Y Y Y	
				02 17 2006	
	City	State	Zip Code	Transaction ID: 12063745	
	Metairie	LA	70006-2970	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer East Jefferson General Ho- spital	Occupation Presiden	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼	7	
	Primary General		500.00		
	Other (specify) ▼	1 1			
В.	Full Name (Last, First, Middle Initial) Ms. Dee LeJeune			Date of Receipt	
	Mailing Address 38286 Lakeview Ct.			02 17 2006	
	City State		Zip Code	Transaction ID: 12063743	
	Prairieville	LA	70769-8301	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer St. Elizabeth Hospital	Occupation	n ecutive Officer		
	Receipt For:		e Year-to-Date ▼	-	
	Primary General	33 3			
	Other (specify) ▼		250.00		
C.	Full Name (Last, First, Middle Initial) Ms. Katherine Harris			Date of Receipt	
•	Mailing Address 4108 Meinning Road			M M / D D / Y Y Y Y	
				02 17 2006	
	City	State	Zip Code	Transaction ID: 12065730	
	Berthoud	CO	80513-8579	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		250.00	
McKee Medical Center Chief Nu		Occupation Chief Nu	n rsing Officer		
			e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	1 1			
s	UBTOTAL of Receipts This Page (optional)			1000.00	
			•		\neg
T	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 14 / 46	
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —
TI EMILED TREGET TO			Detailed Summary Page	X 11a 11b	11c 12
_				13 14	15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any persor dress of any political committee to :	n for the purpose of solicit solicit contributions from s	ng contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 interiodir Floopital According 17 7 to				
_	Full Name (Last, First, Middle Initial)				
A.	Ms. Verena J. Briley-Hudson, MN, RN			Date of Receipt	
	Mailing Address Post Office Box 449			02 22	2006
	City	State	Zip Code	Transaction ID: 12	
	Hines	IL	60141-0449	Amount of Each Red	
			00141 0440	Amount of Each feet	
	FEC ID number of contributing federal political committee.	C			250.00
	·				
	Name of Employer Department of Veterans Af-	Occupation			
	fairs		of Healthcare Inspections	-	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
		0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
В.	Ms. Linda Q. Everett			Date of Receipt	
	Mailing Address 3045 Forest Ridge Driv	e NE		M M / D D	
	City	Ctoto	Zin Codo	02 22	2006
	City	State	Zip Code	Transaction ID: 12	
	lowa City	IA	52240-7908	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer University of Iowa Hospit-	Occupation			
	als and Clini		rsing Officer	_	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)		500.00		
	Other (specify)				
	Full Name (Last, First, Middle Initial)				
C.	Dr. Linda Burnes Bolton, Dr.PH, RN,			Date of Receipt	
	Mailing Address Post Office Box 48750			M M / D D	/ Y Y Y Y
	011		7' 0 1	02 22	2006
	City	State	Zip Code	Transaction ID: 12	
	Los Angeles	CA	90048-0750	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	rederal political committee.				
Cedars-Sinai Medical Center Vice Receipt For: Primary General		Occupation			
			sident & Chief Nursing Officer		
		Aggregate	e Year-to-Date ▼		
			500.00		
	Other (specify)				
	JBTOTAL of Receipts This Page (optional)		1250.00		
\vdash			<u> </u>		
T	OTAL This Period (last page this line number of	onlv)	>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 46		
	EMIZED RECEIPTS	or each category of the		(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a		
				13 14 15 16 17		
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Ms. Marilyn A. Bowcutt, RN, MSN			Date of Receipt		
	Mailing Address 4572 Brandermill Court			02 22 2006		
	City	State	Zip Code	Transaction ID: 12128569		
	Evans	GA	30809-3950	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer University Health Care Sy- stem	Occupation Vice Pres	n sident, Patient Care			
	Receipt For:	Aggregate	Year-to-Date ▼	7		
	Primary General			1		
	Other (specify)	0 0	500.00			
В.	Full Name (Last, First, Middle Initial) Ms. Kathleen D. Sanford, RN, DBA			Date of Receipt		
	Mailing Address 11707 Carriage Place			02 22 2006		
	City	State	Zip Code	Transaction ID: 12128573		
	Olalla	WA	98359-9303	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Harrison Medical Center	Occupation Vice Pres	n sident, Nursing & Administra	to		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		500.00			
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Karen S. Haase-Herrick, MN, RN			Date of Receipt		
	Mailing Address 300 Elliott Avenue West Suite 300			0 2 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 12128564		
	Seattle	WA	98119-4198	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Northwest Hospital	Occupation Executive	n e Director			
	Receipt For:	l	e Year-to-Date ▼	7		
	Primary General	11 0		1		
	Other (specify) ▼		500.00			
	LIPTOTAL of December This Page (action 1)			1500.00		
L	UBTOTAL of Receipts This Page (optional)		······			

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			F	FOR LINE NUMBER: PAGE 16 / 46		
•			Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Danielle Lloyd			Date of Receipt		
	Mailing Address 325 Seventh Street, NV Suite 700	V		02 22 2006		
	City	State	Zip Code	Transaction ID: 12142103		
	Washington	DC	20003-4047	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer American Hospital Associa-	Occupation		7		
	tion-Washingt		ssociate Director for Policy			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)	' '	1000.00			
	Curior (Speedily)		1 1 1 1 1 1 1	1		
— В.	Full Name (Last, First, Middle Initial) Ms. Rosemary Ann Roth			Date of Receipt		
	Mailing Address 237 Forgham Road			M M / D D / Y Y Y Y		
				02 22 2006		
	City	State	Zip Code	Transaction ID: 12128571		
	Rochester	NY	14616-3334	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer ViaHealth	Occupation		7		
			Services Nursing Director			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	500.00			
	Curior (Speedily)		1 1 1 1 1 1 1	1		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Kim C. Byas, Sr., MPH,			Date of Receipt		
	Mailing Address One North Franklin			0 2 D D D D D D D D D D D D D D D D D D		
	City	State	Zip Code	Transaction ID: 12142102		
	Chicago	IL	60606-3436	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer American Hospital Associa-	Occupation	1	7		
	American Hospital Association-Chicago		Executive			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		F00.00	1		
	Other (specify)	0 0	500.00			
_						
				2000 00		
S	UBTOTAL of Receipts This Page (optional)			2000.00		

TOTAL This Period (last page this line number only)

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 46	
			Use separate schedule(s) or each category of the	(check only one)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16	17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Diane M. Twedell, RN			Date of Receipt	
	Mailing Address 1216 Second Street, SW	<i>!</i>		02 / 22 / 2006	
	City	State	Zip Code	Transaction ID: 12128568	
	Rochester	MN	55902-1906	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Mayo Clinic	Occupation	n Iministrator		
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	0 0	500.00		
3.	Full Name (Last, First, Middle Initial) Ms. Pamela T. Rudisill			Date of Receipt	
	Mailing Address 17225 Royal Court Dr.	02 22 2006			
	City	State	Zip Code	Transaction ID: 12128575	
	Davidson	NC	28036-7843	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Lake Norman Regional Medi-	Occupation			
	cal Center		rsing Officer		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
).	Full Name (Last, First, Middle Initial) Ms. Patricia J. Crome			Date of Receipt	
	Mailing Address 2821 Second Avenue			M M / D D / Y Y Y Y	
	905			02 22 2006	
	City	State	Zip Code	Transaction ID: 12128574	
	Seattle	WA	98121-1282	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation	า	7	
	Virginia Mason Medical Ce- nter	Senior Vi	ce President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼				
s	UBTOTAL of Receipts This Page (optional)			1000.00	
Ţ.	OTAL This Period (last page this line number or	nlv)			
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SCHEDULE A (FEC Form 3X) Use separate sci				FOR LINE NUMBER: PAGE 18 / 46		
-			Use separate schedule(s) or each category of the	(check only one)		
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12	
			, 0	13 14	15 16 17	
An or f	y information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of solicit solicit contributions from s	ing contributions such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
_	Full Name (Last, First, Middle Initial) Ms. Laura Caramanica			Date of Receipt		
	Mailing Address 5 Virginia Lane			02 / 22	2006	
	City	State	Zip Code	Transaction ID: 12		
	Unionville	CT	06085-1140	Amount of Each Red	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Hartford Hospital	Occupation Vice Pres	n sident Nursing			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
	Full Name (Last, First, Middle Initial) Mr. Raymond L Replogle			Date of Receipt		
	Mailing Address 1924 South Utica Avenu Suite 600	02 / 28	2006			
	City	State	Zip Code	Transaction ID: 12	158101	
	Tulsa	<u>OK</u>	74104-6503	Amount of Each Red	ceipt this Period	
	FEC ID number of contributing federal political committee.	С			250.00	
	Name of Employer St. John Sapulpa	Occupation President	n t and Chief Executive Office	,		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary ☐ General Other (specify) ▼		250.00			
_	Full Name (Last, First, Middle Initial) Mr. Jerry G Moeller			Date of Receipt		
	Mailing Address P O Box 2408			02 28	2006	
	City	State	Zip Code	Transaction ID: 12	158099	
	<u>Stillwater</u>	OK	74076-2408	Amount of Each Red	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Stillwater Medical Center	Occupation President	n t and Chief Executive Office	,		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
sı	JBTOTAL of Receipts This Page (optional)				750.00	
	<u> </u>		•	-		
T	OTAL This Period (last page this line number o	nly))			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 46
ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	ny information copied from such Reports and Statemer for commercial purposes, other than using the name a	nts may and add	rnot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
$ \rangle$	American Hospital Association PAC			
	7 in one and the optical 7 to obtain on 17 to			
_	Full Name (Last, First, Middle Initial)			
A.	Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700 City St	ate	Zip Code	Transaction ID: PR328260916442
	Washington De		20004-2818	Amount of Each Receipt this Period
			20004-2010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			160.00
	Name of Employer	atia		_
	American Höspital Associa-	cupation	Vice President	
	tion-vv asriingt		Year-to-Date ▼	-
	Primary General	giogaic	Tour to Buto V	P/R Deduction (\$80.00 Bi-
	Other (specify) ▼		320.00	Weekly)
_	Full Name (Last, First, Middle Initial)			Data of Bassist
В.				Date of Receipt
	Mailing Address 2220 West Iowa Avenue			02 28 2006
	City St	ate	Zip Code	Transaction ID: 12158100
	Chickasha O		73018-2700	Amount of Each Receipt this Period
	EEC ID assembles of a section time.	-	100.0 2.00	
	federal political committee.	١.		250.00
	- In			
	Grady Memorial Hospital	upation		
			ecutive Officer Year-to-Date	
	Primary General	gregate	rear-to-Date V	
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Sr. M. Therese Gottschalk			Date of Receipt
	Mailing Address Post Office Box 4753			02 28 2006
	City St	ate	Zip Code	Transaction ID: 12158091
	Tulsa O		74159-0753	Amount of Each Receipt this Period
	FFC ID number of contribution		1 1 1 1 1 1	
	federal political committee.	١.		250.00
	·			
	St. John Modical Contor	upation		
	Pre		t & Chief Executive Officer Year-to-Date ▼	_
	Primary General	gregate	Fredi-10-Date ▼	
	Other (specify)		250.00	
				1
	-			
s	UBTOTAL of Receipts This Page (optional)			660.00
\vdash			•	
т	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 46 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Gary W. Mitchell			Date of Receipt
	Mailing Address 905 South Main Street			02 28 7 2006
	City	State OK	Zip Code	Transaction ID: 12158098
	Shattuck FEO. ID acceptance of a cartributions		73858-9208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Newman Memorial Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Michael Harris			Date of Receipt
	Mailing Address 1924 South Utica Avenu Suite 1600	02 28 2006		
	City	State	Zip Code	Transaction ID: 12158092
	Tulsa	OK	74104-6503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Continuous Care Center of Tulsa	Occupation Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. David D Whitaker, , FACHE			Date of Receipt
	Mailing Address P O Box 1308			02 / 28 / 2006
	City	State	Zip Code	Transaction ID: 12158104
	Norman	OK	73070-1308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Norman Regional Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
S	UBTOTAL of Receipts This Page (optional)			1250.00
	. 5 (1 7			18280.00
T	OTAL This Period (last page this line number o	nly)		10200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 21 / 46 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Triad Hospitals Good Government Fund Date of Receipt Mailing Address 5800 Tennyson Pkwy. 0 2 17 2006 City Zip Code State Transaction ID: 12063699 Plano TX 75024 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C C00347062 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22/46
Any	y information copied from such Reports and Sta	tements may	not be sold or used by any person	13 14	15 16 17
	or commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and add	dress of any political committee to	solicit contributions from	such committee.
\rangle	American Hospital Association PAC				
۹. ۱	Full Name (Last, First, Middle Initial) North Carolina Hospital Assoc. HOSPAC - Federal Mailing Address Post Office Box 4449			Date of Receipt	/ Y Y Y Y Y
		State	Zip Code	02 01	2006
	City Carv	NC	27519-4449	Transaction ID: 12 Amount of Each Re	
	FEC ID number of contributing federal political committee.	C C00	0194647		44000.00
	Name of Employer	Occupation	1		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 44000.00]	
3.	Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC			Date of Receipt	
	Mailing Address One Empire Drive	02 / 17	2006		
	City	State	Zip Code	Transaction ID: 12	
	Rensselaer FEC ID number of contributing federal political committee.	C COO	12144 0160259	Amount of Each Re	10000.00
•	Name of Employer	Occupation	1		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		10000.00		
	Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal			Date of Receipt	
	Mailing Address 1215 K Street Suite 800			02 / 17	2006
	City	State CA	Zip Code	Transaction ID: 12	
	Sacramento FEC ID number of contributing federal political committee.		95814 0237495	Amount of Each Re	40000.00
	Name of Employer	Occupation	1		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 40000.00		
SL	JBTOTAL of Receipts This Page (optional)				94000.00
TC	OTAL This Period (last page this line number or	ıly)			94000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 46 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17
Any information copied from such Reports and State for for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 12142109
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	309.51
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 636.30	Bank Interest Received

SUBTOTAL of Receipts This Page (optional)	•	309.51
TOTAL This Period (last page this line number only)	—	309.51

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	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LIN	IE NUMBER:	PAGE	24 / 46	i
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
/	American Hospital Association PAC						
	Full Name (Last, First, Middle Initial)			Transaction ID:	12142105		
٩.	Citibank, F.S.B.			Date of Disburse			
	Mailing Address 1400 G Street, NW			02 2	21 / Y 2	Ž 0 0 6 °	
		State Zip Code		Amount of Each	Disbursemer	nt this Pe	riod
	Washington	DC 20005				CO 40	
	Purpose of Disbursement Bank Fee		001			62.42	-
	Candidate Name		Category/ Type				
	Office Sought: House Disburse	ement For:		Bank Fee			
	Senate	Primary General		Dank i ee			
	President	Other (specify)					
	State: District:						

		62.42	
SUBTOTAL of Disbursements This Page (optional)		62.42	
			-
TOTAL This Period (last page this line number only)	•	62.42	

	SHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		-	NE NUMI only one)	BER:			PAGE	25 /	46
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ę	21b 27	22 28) a	23 28b	\square	24 28c	25 29	26 30b
	y Information copied from such Reports and State											is
or	for commercial purposes, other than using the nat	ne and address of any politica	u com	ım	littee to	SOIICIT CO	ntribu	itions ti	rom si	ucn com	ımıttee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
L	American ricopital Accordation i Ac											
^	Full Name (Last, First, Middle Initial)					Tra	nsac	tion ID	: 119	58034		
Α.	Congressman Bill Young Campaign Com	ımittee				Da		Disburs			V V	V/
	Mailing Address P. O. Box 47025					O	2 ^M	/ L ^b (0 1	/ Y	ž 0 ŏ 6	3
	City	State Zip Code				Am	ount	of Each	n Disb	urseme	nt this I	Period
	St. Petersburg	FL 33743	_			4 [•		1000.	00
	Purpose of Disbursement Contribution			n	11		-				1000.	00
	Candidate Name		1 —	_	egory/							
	Rep. C.W. Bill Young				ype							
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Full Name (Last, First, Middle Initial) Scott Garrett For Congress			Transaction ID: 1. Date of Disbursem	nent
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3. Pete Sessions For Congress 2006				D	ate of	Disburse	ement			
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)		
TI EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Sue Kelly For Congress			Transaction ID: 12142939 Date of Disbursement
Mailing Address PO Box 599			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & Z & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
City Katonah	State Zip Code NY 10536		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Sue W. Kelly		Category/ Type	
Senate President	oursement For: 2006 X Primary General Other (specify) ▼		Contribution
State: NY District: 19 Full Name (Last, First, Middle Initial)			Transaction ID: 12142930
TEMIZED DISBURSEMENTS			
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Contribution			1000.00
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NAME OF COMMITTEE (In Full) American Hospital Association PAC	o and address of any pointed son		
Full Name (Last, First, Middle Initial) A. KITPAC			Transaction ID: 12142928 Date of Disbursement M
Mailing Address 147 N. Meramec Suite 100			02 27 2006
City St. Louis	State Zip Code MO 63105		Amount of Each Disbursement this Period
Purpose of Disbursement 2006 Contribution Candidate Name	C	011 ategory/	1000.00
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	Туре	2006 Contribution
Full Name (Last, First, Middle Initial) America's Foundation PAC			Transaction ID: 12124797 Date of Disbursement
Mailing Address 1155 21st Street, NW Suite 300			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & 2 & B \\ 2 & 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
City Washington	State Zip Code DC 20036		Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) Friends Of Don Sherwood			Transaction ID: 12125492 Date of Disbursement
Mailing Address 81 Warren Street			02
City Tunkhannock	State Zip Code PA 18657		Amount of Each Disbursement this Period
Purpose of Disbursement Contribuiton Candidate Name Rep. Donald L. Sherwood	C	011 ategory/	300.00
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NAME OF COMMITTEE (In Full)									
American Hospital Association PAC									
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Friends Of Don Sherwood				Date of	f Disburs		V V	V	V
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President	Other (specify)								
State: PA District: 10									
Full Name (Last, First, Middle Initial)						: 121253	354		
Pete Sessions For Congress 2006					Disburs		V * V	· V	V
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City Dallas	State Zip Code TX 75238			Amoun	t of Each	Disburse	ment	this P	eriod
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Candidate Name Rep. Pete Sessions		Category/ Type							
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Jim Ramstad Volunteer Committee				Transa Date of	iction ID f Disburs	: 121249 ement	143		
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Mailing Address 1809 Plymouth Road	South #310			0 2		. 0		000	
City Minnetonka	State Zip Code MN 55305			Amoun	t of Each	Disburse	ment	this P	eriod
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President State: MN District: 2	Other (specify)								
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SCHEDULE B (FEC Form 3X)							
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		Detailed Summary F	Page 27	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
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	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee						
\setminus	NAME OF COMMITTEE (In Full)						
	American Hospital Association PA	√ C					
\mathbb{L}							
	Full Name (Last, First, Middle Initial)			Transaction ID: 12125209			
A.	John Lewis For Congress			Date of Disbursement			
	Mailing Address 1520 Pinehurst	02 02 06					
	Mailing Address 1520 Pinehurst	02 20 2000					
	City	State Zip Code	 ə	Amount of Each Disbursement this Period			
	Atlanta	GA 30311					
	Purpose of Disbursement		-	1000.00			
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	Rep. John Lewis		Туре				
	Office Sought: X House	Disbursement For: 2000	-	Contribution			
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В.	Full Name (Last, First, Middle Initial)			Transaction ID: 12125629			
٥.	Committee To Elect Mchugh	Date of Disbursement					
	Mailing Address 228 S. Washing	02 28 2006					
	PO Box 70052						
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	Alexandria	VA 22314		2000.00			
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	State: NY District: 23						

SUBTOTAL of Disbursements This Page (optional)	•	3000.00
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